

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-019846

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY **Henry**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Windsor**

Length of stay in 1b
3 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Rest Haven Rest Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Pettis**

c. CITY OR TOWN **Green Ridge**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First **Eva** Middle **DAVIS** Last **DAVIS**

4. DATE OF DEATH **May 28, 1963**

5. SEX **Female**

6. COLOR OR RACE **White**

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH **Nov. 2, 1868**

9. AGE (last birthday) **94**
IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
Randolph County Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME
Mike Sanner

13b. MOTHER'S MAIDEN NAME
Elizabeth King

14. NAME OF HUSBAND OR WIFE
Cale Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Jewell Easter Green Ridge, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Heart failure
Arterio-sclerotic heart disease 10 years
Generalized arteriosclerosis years

INTERVAL BETWEEN ONSET AND DEATH
Sudden

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **2/8/60** to **5/23/63** and last saw her alive on **5/23/63**
Death occurred **11:30 PM (AM)** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Bernard Broch, M.D.** (Or name or title)

22b. ADDRESS **116 South main Windsor, Mo.**

22c. DATE SIGNED **5/29/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE **May 30, 1963**

23c. NAME OF CEMETERY OR CREMATORY **Green Ridge**

23d. LOCATION (City, town, or county) **Green Ridge, Mo.**

24. FUNERAL DIRECTOR ADDRESS
Glen E. Heck Funeral Home Green Ridge, Mo.

25. DATE RECD. BY LOCAL REG. **June 1-1963**

26. REGISTRAR'S SIGNATURE **Mildred Biguno**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

1 **6421**
2 **0800**

3

4 **1**

5 **2**

6

7 **0**

8 **2**

9 **4200**

10

11

12 **86-0**

13 **1-0**

1963 5 NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Glenn E. Heck

Licensed Embalmer No.

4063

P. O. Address

Green Ridge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.